

DHS/Mental Retardation/Developmental Disabilities Administration

**Transmittal Letter No.**

**Location:**

**Distribution:**

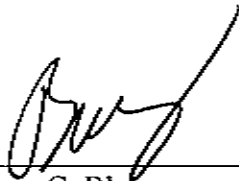
**SUBJECT: Intensive Case Management Services**

The attached policy issuance sets forth the guidelines and procedures for Intensive Case Management Services involving DHS/MRDDA customers. This policy is intended for use by employees of the Department of Human Services/Mental Retardation and Developmental Disabilities Administration and subcontractors of DHS/MRDDA associated with its network of care-giving organizations.

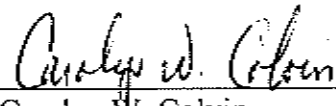
This policy aims to establish the criteria MRDDA will use to identify customers that are eligible for intensive case management services and to set the guidelines for establishing caseloads for intensive case management services.

**Revisions:**

**Amendments:**

  
\_\_\_\_\_  
Bruce C. Blaney  
DHS/MRDDA Administrator

9/7/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Carolyn W. Colvin  
DHS Director

9/7/01  
\_\_\_\_\_  
Date

**POLICY AND PROCEDURE**

Transmittal Letter No.          Supersedes:          Manual Location:

**SUBJECT: INTENSIVE CASE MANAGEMENT**

**CHAPTER:          NUMBER:          EFFECTIVE DATE: September 7, 2001**

**I. PURPOSE**

The purpose of this policy is to establish the criteria MRDDA will use to identify consumers that are eligible for intensive case management services and to set the guidelines for establishing caseloads for intensive case management services.

**II. SCOPE**

This policy applies to MRDDA including persons and organizations that perform case management services under contract with MRDDA.

**III. AUTHORITY**

The authority of this policy is established in D.C. Code §7-1301 et. seq.; *Evans v. the District of Columbia*, June 14, 1978; and *Evans v. Williams*, 35 F. Supp. 2d 88, 97 [D.D.C, February 10, 1999].

**IV. DEFINITIONS**

**Case Management**: A service delivery system designed to coordinate the assistance and services needed by persons with mental retardation and other developmental disabilities and their families. Case Management also involves the coordination and development of Individual Service Plans (ISP) and monitoring the ISP and the concomitant services and supports provided to MRDDA consumers. Case Management is a tool that oversees the adequacy of services and provides advocacy for people with mental retardation and other developmental disabilities. Case Management is a critical component to the implementation of the Quality Assurance Plan. Case Managers are the keys to the identification of system barriers that impose challenges to the delivery of services and supports for people with mental retardation and other developmental disabilities. MRDDA has set as policy a caseload ratio not to exceed one (1) case manager for every 30 consumers.

**Intensive Case Management**: the service delivery model by which MRDDA provides levels of case management assistance (specified in Section V.A of this policy) that are more intensive than MRDDA's standard case management program. MRDDA will assign

staff as intensive case managers. The duties and responsibilities for intensive case managers will be the same as for other case managers except for the following activities:

1. Higher degree of contact with consumers
2. Frequent meetings and follow-up assignments
3. Frequent documentation of consumer status
4. Frequent case reviews that result in case manager plans of support

## **V. POLICY**

This Policy sets forth the guidelines for MRDDA to establish a caseload of less than 30 consumers with mental retardation and other developmental disabilities. The Division Chief will assign consumers to an intensive case management caseload. The Division Chief is responsible to oversee that intensive caseload assignments are made in accordance with this policy.

*Reference: Please refer to policies on Individual Service Plans (ISP) and Grievance and Appeals.*

### **A. Levels of Intensive Case Management**

The standard for case managers is one contact per month with consumers of MRDDA. The following levels will be used to assign consumers to an intensive caseload:

1. Level One: Active coordination with multiple agencies is required. Maximum caseload is up to 25 with no more than five (5) consumers requiring intensive case management services. The consumer's needs require the case manager to visit/contact the consumer, family, foster home and/or service providers at least once every two weeks to monitor and document the status of the consumer's needs.
2. Level Two: Active coordination with multiple agencies is required. Maximum caseload is up to 20 with no more than eight (8) consumers requiring intensive case management services. The consumer's needs require the case manager to visit/contact the consumer, family, foster home and/or service providers at least once per week to monitor and document the status of the consumer's needs.
3. Level Three: Active coordination with multiple agencies is required. Maximum caseload is up to 15 with no more than 12 consumers requiring intensive case management services. The consumer's needs require the case manager to visit/contact the consumer, family, foster home and/or service providers at least twice per week to monitor and document the status of the consumer's needs.

## **B. Criteria for Intensive Case Management Assignment**

A recommendation for intensive case management services by the ISP Team may be documented in the ISP to include a description of the circumstances, events, or illnesses warranting intensive case management, the level of intensive case services required, and must meet at least one of the criteria listed below:

1. The presence of a medical condition(s) that requires intense and ongoing monitoring, such as, but not limited to, frequent hospitalizations, services provided by skilled medical personnel, hospice, and life threatening conditions.
2. The presence of a psychiatric disorder that requires intense and ongoing monitoring, such as, but not limited to, behaviors or conduct resulting from a psychiatric disorder that present a high degree of risk for imminent harm to self or others.
3. Substance abuse.
4. The presence of challenging behavior such as self-injurious conduct and/or aggressive behavior directed at others and/or other conduct that may result in harm or risk.
5. There is active involvement or the documented risk of involvement with the criminal justice system.
6. The existence of numerous incidents that impact the consumer's health or safety and/or quality assurance findings that raise concerns about the consumer's health and safety.

Notwithstanding the guidelines established by this policy, the Division Chief might determine that a need exists for intensive case management services and make such assignments. The Division Chief shall make the determination no later than ten (10) business days from receipt of the ISP Team recommendation. The Division Chief will make a determination for intensive case management for emergency/crisis situations within 24 to 48 hours.

There may be instances where traditional case management services would need additional resources to intervene for time-limited involvement to aid in transitions or address crisis situations. The Clinical Services Division may provide additional resources such as assistance from a psychologist, speech and language pathologist, dentist, physician, nurse, and/or social worker. Resources are also available within the Case Management Division, such as assistance from the Case Management Coordinator Supervisor and Intensive Case Managers.

Decisions made by the Division Chief can be appealed in accordance with the Grievance and Appeal Policy.

*Reference: See policy on Individualized Service Plans (ISP) and Grievances and Appeals.*

### **C. Staff Qualifications**

Intensive Case Managers must meet MRDDA's requirements for Case Managers. Case Managers may qualify as Intensive Case Managers by completing specialized training, demonstrate proficiency in one of the following areas, or have one of the following credentials:

1. Specialized experience in psychology, social work, counseling, or education
2. Specialized experience in behavior modification programs and restrictive control procedures
3. Experience working with people with dual diagnosis (mental retardation/mental illness or mental retardation/substance abuse)
4. Experience working with substance abuse
5. A Bachelor's Degree in Nursing
6. An Associate Degree in Nursing
7. A Licensed Practical Nurse

## **Intensive Case Management Implementation Plan**

### **1.0 Introduction**

The Mental Retardation & Development Disabilities Administration's (MRDDA) current Case Management Policy requires that the organization maintain a caseload ratio that does not exceed one case manager for every 30 consumers (1:30). Recognizing that some of its consumers may need more intensive levels of case management services, MRDDA is implementing an Intensive Case Management Policy that provides for case management assistance beyond that of its standard case management program.

This document outlines MRDDA's strategy and timeline for implementing the Intensive Case Management Policy. MRDDA's Bureau of Case Management is responsible for overseeing the Intensive Case Management implementation process. The Training Division is responsible for developing and executing the training program(s) to ensure that the Case Managers are able to effectively and efficiently implement the policy. The Program Integrity Division is responsible for developing and evaluating the objectives, requirements and performance measures necessary for achieving successful results. Additional resources may be needed from the Clinical Services Division to aid in transitions or to address crisis situations.

The policy applies to MRDDA, including persons and organizations that perform case management services under contract with MRDDA. The anticipated effective date for this policy is September 4, 2001.

### **Policy Objectives**

The objectives of the Intensive Case Management Policy are to:

- 1) Establish the criteria that MRDDA will use to identify consumers that are eligible for intensive case management services; and
- 2) Identify the guidelines for establishing caseloads for intensive case management services.

The duties and responsibilities of intensive case managers remain the same as those for other case managers, but also include the following additional activities:

- Higher degree of contact with consumers;
- Frequent meetings and follow up assignments;
- Frequent documentation of consumer status; and

- Frequent case reviews that result in case manager plans of support.

### Policy Requirements

Charts 1.0, 1.1, 1.2 and 1.3 highlight the significant requirements of the policy<sup>1</sup> that need to be implemented.

Chart 1.0 - Levels of Intensive Case Management Requirements

Policy Section	Requirements	Start Date	Completion Date
<b>§6: Levels of Intensive Case Management</b>	Standard Case Management: maximum caseload ratio is 1:30 with one contact with consumers per month	9/4/01	Ongoing
	<b>Level One:</b> <ul style="list-style-type: none"><li>• Maximum caseload ratio is 1:25 with no more than 5 consumers requiring intensive case management services.</li><li>• Case Manager will visit the consumer, family, foster home and/or service providers at least once every two weeks.</li></ul>	3/4/02	3/29/02
	<b>Level Two:</b> <ul style="list-style-type: none"><li>• Maximum caseload ratio is 1:20 with no more than 8 consumers requiring intensive case management services.</li><li>• Case Manager will visit the consumer, family, foster home and/or service providers at least once per week.</li></ul>	1/21/02	2/28/02
	<b>Level Three:</b> <ul style="list-style-type: none"><li>• Maximum caseload ratio is 1:15 with no more than 12 consumers requiring intensive case management services.</li><li>• Case Manager will visit the consumer, family, foster home and/or service providers at least twice per week.</li></ul>	12/10/01	1/18/02

<sup>1</sup> MRDDA Intensive Case Management Policy

**Chart 1.1 - Criteria for Intensive Case Management**

Policy Section	Requirements
§7 Criteria for Intensive Case Management	<ul style="list-style-type: none"> <li>• Presence of medical condition(s) that require(s) intense and ongoing monitoring, such as, but not limited to, frequent hospitalizations, services provided by skilled medical personnel, hospice and life threatening conditions</li> </ul>
	<ul style="list-style-type: none"> <li>• Presence of psychiatric disorder that requires intense and ongoing monitoring, such as, but not limited to, behaviors or conduct resulting from a psychiatric disorder that present a high degree of risk from imminent harm to self or others</li> </ul>
	<ul style="list-style-type: none"> <li>• Substance Abuse</li> </ul>
	<ul style="list-style-type: none"> <li>• Presence of challenging behavior such as self-injurious conduct and/or aggressive behavior directed at others and/or other conduct that may result in harm or risk</li> </ul>
	<ul style="list-style-type: none"> <li>• Existence of numerous incidents that impact the consumer's health or safety and/or quality assurance findings that raise concerns about the consumer's health and safety</li> </ul>

**Chart 1.2 - Staff Qualifications**

Policy Section	Requirements
§8 Staff Qualifications	<ul style="list-style-type: none"> <li>• Specialized experience in psychology, social work, counseling or education</li> </ul>
	<ul style="list-style-type: none"> <li>• Specialized experience in behavior modification programs and restrictive control procedures</li> </ul>
	<ul style="list-style-type: none"> <li>• Experience working with people with dual diagnoses (mental retardation/mental illness or mental retardation/substance abuse)</li> </ul>
	<ul style="list-style-type: none"> <li>• Experience working in substance abuse treatment/counseling</li> </ul>
	<ul style="list-style-type: none"> <li>• Bachelor's Degree in Nursing</li> </ul>
	<ul style="list-style-type: none"> <li>• Associate Degree in Nursing</li> </ul>
	<ul style="list-style-type: none"> <li>• Licensed Practical Nurse</li> </ul>

**Chart 1.3 - Staff Training**

Requirements
<ul style="list-style-type: none"> <li>• MRDDA will train the Case Managers on additional responsibilities of intensive case management.</li> <li>• MRDDA has established an in-house training unit and hired a training coordinator.</li> <li>• MRDDA is currently developing a training program for intensive case management.</li> </ul>


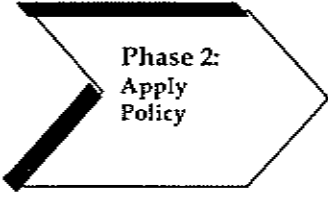



## 2.0 Plan of Action

The Intensive Case Management Implementation Plan includes three phases:

- Phase 1: Communicate Policy
- Phase 2: Apply Policy
- Phase 3: Provide Quality Assurance

The specific tasks within each phase are outlined in the table below:

Intensive Case Management Implementation Outline			
Phase	Tasks	Start Date	Completion Date
 <p>Phase 1: Communicate Policy</p>	<p><u><b>Communicate Policy</b></u></p> <p>Task 1.1: Develop Internal Communications Strategy</p> <p>Task 1.2: Develop External Communications Strategy</p> <p>Task 1.3: Provide Provider Training</p> <p>Task 1.4: Conduct Provider Forums</p>	9/04/01	10/15/01
 <p>Phase 2: Apply Policy</p>	<p><u><b>Apply Policy</b></u></p> <p>Task 2.1: Identify Consumers Requiring ICM Services</p> <p>Task 2.2: Identify and Hire MRDDA Case Managers</p> <p>Task 2.3: Provide Case Manager Training</p> <p>Task 2.4: Transition Consumers Requiring ICM Services</p> <p>Task 2.5: Evaluate Consumers to Verify Services</p>	9/17/01	7/1/02
 <p>Phase 3: Provide Quality Assurance</p>	<p><u><b>Provide Quality Assurance</b></u></p> <p>Task 3.1 Develop Performance Measures</p> <p>Task 3.2: Measure Outcome</p>	9/17/01	7/1/02



## **Phase 1: Communicate Policy**

The initial activities surrounding implementation of the Intensive Case Management policy involve ensuring that all relevant internal and external stakeholders have a clear understanding of the policy and its implications on their work activities. The purpose of these activities is to ensure that stakeholder expectations surrounding their roles and responsibilities are aligned with those of MRDDA management.

### ***Task 1.1: Develop Internal Communications Strategy***

The Intensive Case Management policy will be disseminated to MRDDA Senior Management, Supervisors, and Case Managers to provide them with the opportunity to interpret their responsibilities and accountabilities and the impact on their current activities. The expected outcomes of the implementation should be clearly stated and communicated to the staff during the dissemination process. MRDDA will:

- Develop and execute a communications strategy within the organization regarding the dissemination and operation of the policy; and
- Create a communications network and documentation utilizing various group discussion formats, training, and interactions with personnel.

### ***Task 1.2: Develop External Communications Strategy***

The policy and its implications will need to then be explained to other stakeholders, including consumers, consumers' family and the provider community. These stakeholders will be given the opportunity to communicate their concerns related to the implementation, especially those related to the identification of consumers requiring intensive case management and the transition of those consumers to intensive case managers. MRDDA will:

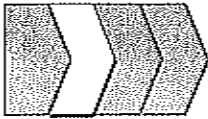
- Develop and execute a communications strategy to the provider community and other stakeholders regarding the dissemination and operation of the policy; and
- Create a communications network and documentation utilizing various group discussion formats, training and interactions with management personnel.

***Task 1.3: Provide Provider Training***

MRDDA will provide training to the provider community regarding the goals, objectives, requirements and expected outcome for implementing the ICM policy. MRDDA will develop and provide the provider community any relevant documentation and written material needed to successfully implement the policy.

***Task 1.4: Conduct Provider Forums***

MRDDA will solicit feedback from the provider community regarding the implementation of the Intensive Case Management policy. The external communication plan, which include customer and provider surveys, focus groups, forums or seminars will be developed by the Bureau of Case Management.



## Phase 2: Apply Policy

MRDDA management will work with Case Managers and other stakeholders to resolve application barriers that are identified through the Communication Process. MRDDA will implement the Action Plans to phase in the procedures that are defined and documented for the Intensive Case Management policy.

### ***Task 2.1: Identify current consumers requiring intensive case management services***

Start Date: 9/17/01	Completion Date: 10/30/01
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- Develop survey for case managers to identify consumers with intensive case management needs;
- Incorporate information into existing database on current customers who require intensive case management services;
- Develop documentation process to collect information and include it in customer records; and
- Collect information on unmet, identified needs through review of ISPs, survey of case managers, and review of cases by the Case Management Division Chief.

### ***Task 2.2: Evaluate and hire staff to provide intensive case management services***

Start Date: 9/5/01	Completion Date: 11/15/01
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- Include in database described above the ability to cross reference intensive case management needs to specialized staff qualifications;
- Collect data on current staff qualifications and credentials;
- Identify case managers currently qualified to provide intensive case management services; and
- Hire additional case managers in order to provide identified intensive case management needs.<sup>2</sup> Delineate the areas of expertise of prospective case managers as they relate to the qualifications outlined in the Intensive Case Management policy.

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<sup>2</sup> Hire additional Case Managers once MRDDA budget is approved.

**Task 2.3: Provide Case Manager Training**

Start Date: 9/5/01

Completion Date: 12/7/01

- Develop training program for all case managers to provide ICM services. Topics should include, but not be limited to behavioral issues, medically fragile persons, and SA. All case managers should be trained to identify consumers who may require intensive case management services;
- Provide appropriate training to case managers to allow them to provide intensive case management services; and
- Train ISP team to identify consumers requiring intensive case management during the ISP process.

**Task 2.4: Transition consumers requiring intensive case management services to appropriately qualified case managers**

Start Date: 12/10/01

Completion Date: 3/29/02

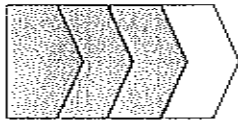
- Match consumers' intensive case management needs to case manager qualifications. Identify consumers for who continuity of service can be maintained;
- Make assignments to intensive case managers. (See page 2 for schedule to transition consumers); and
- Prepare transition plans for consumers requiring intensive case management. Transition plans should address needs of consumers who are attached to their current case manager and build in appropriate timelines for the transition process to occur.

**Task 2.5: Evaluate consumers to verify that ongoing intensive case management services are needed**

Start Date: 4/1/02

Completion Date: 7/1/02

- Identify a team of people responsible for making decisions for the consumer to transition out of intensive case management services. At a minimum, the team should consist of the following individuals:
  - ✓ ☐ Case Manager;
  - ✓ ☐ Representative from the residential facility or home;
  - ✓ ☐ Specialist in the area for which the need for intensive case management services has been determined;
  - ✓ ☐ Representative from the medical community, If a medical issue is the reason for intensive case management.
- Conduct evaluations in accordance with quarterly review schedule.



### **Phase 3: Provide Quality Assurance**

MRDDA's Program Integrity Division will develop goals, objectives, requirements, and measures of success that are necessary for establishing the expectations and direction for the implementation of this policy. MRDDA will develop and implement performance measure standards that are designed to produce successful and accurate results.

#### ***Subtask 4.1: Develop Performance Measures***

□ Identify the performance measures

- Identify performance measures in the three improvement areas: effectiveness, efficiency, and adaptability;
- Ensure that the performance measures are relevant, quantifiable, and documented; and
- Develop performance measures throughout the flow of a process, so that corrective actions can be applied while a process is being performed.

#### ***Subtask 4.2: Measure Personal Outcome***

□ Develop Recommendations

Identify and prepare recommendations to improve the Intensive Case Management Policy. The recommendations will:

- Outline improvements for strengthening the weaknesses of the current case management and ISP processes;
- Evaluate the risks inherent in keeping the current system and processes, modifying the current system, and/or the feasibility of adopting alternative solutions;
- Evaluate the effectiveness on people receiving ICM support services;
- Incorporate and facilitate relationship-building among consumers, consumers' families, communities and providers; and
- Incorporate "best practices" from other jurisdictions.

Intensive Case Management Timeline

Phase	Tasks	Description	Start Date	Completion Date
Phase 1: Communicate Policy	<input type="checkbox"/> Develop Internal Communications Strategy	Plan for communicating the implementation of the Intensive Case Management Policy within MRDDA	9/4/01	10/15/01
	<input type="checkbox"/> Develop External Communications Strategy	Plan for communicating the implementation of the Intensive Case Management Policy to consumers, consumers' families, providers and other stakeholders	9/4/01	10/15/01
	<input type="checkbox"/> Provide Provider Training	Training to the provider community regarding the goals, objectives, requirements and expected outcome for implementing the ICM policy	9/4/01	10/15/01
	<input type="checkbox"/> Convene Provider Forums	Focus Group Meetings with providers to discuss MRDDA ICM implementation and receive feedback	9/4/01	10/15/01
Phase 2: Apply Policy	<input type="checkbox"/> Identify Consumers Requiring ICM Services	Survey to Case Managers to identify MRDDA consumers with intensive case management needs	9/17/01	10/30/01
	<input type="checkbox"/> Identify and Hire MRDDA Case Managers	Identification of staff able to provide intensive case management services	9/5/01	11/15/01

	<input type="checkbox"/> Provide Case Manager Training	Training to staff to more effectively identify intensive case management needs.	9/5/01	11/15/01
		Training to case managers to provide specialized intensive case management services.	11/15/01	12/7/01
	<input type="checkbox"/> Transition Consumers Requiring ICM Services			
	- Level One	Maximum caseload ratio is 1:25 with no more than 5 consumers requiring intensive case management services	3/4/02	3/29/02
	- Level Two	Maximum caseload ratio is 1:20 with no more than 8 consumers requiring intensive case management services	1/21/02	2/28/02
	- Level Three	Maximum caseload ratio is 1:15 with no more than 12 consumers requiring intensive case management services	12/10/01	1/18/02
	<input type="checkbox"/> Evaluate Consumers to Verify Delivery of Services	Evaluate the effectiveness of the implementation and impact of service delivery	4/1/02	7/1/02



<b>Phase 3: Provide Quality Assurance</b>	<input type="checkbox"/> Develop Performance Measures	Performance Measures to evaluate the effectiveness of the implementation and impact of service delivery changes	<b>1/21/02</b>	<b>3/29/01</b>
	<input type="checkbox"/> Measure Outcome	Quality Assurance to improve the policy implementation process and the Intensive Case Management policy	<b>4/1/02</b>	<b>7/1/02</b>

